

# Metropolitan Medical Response System (MMRS) Program

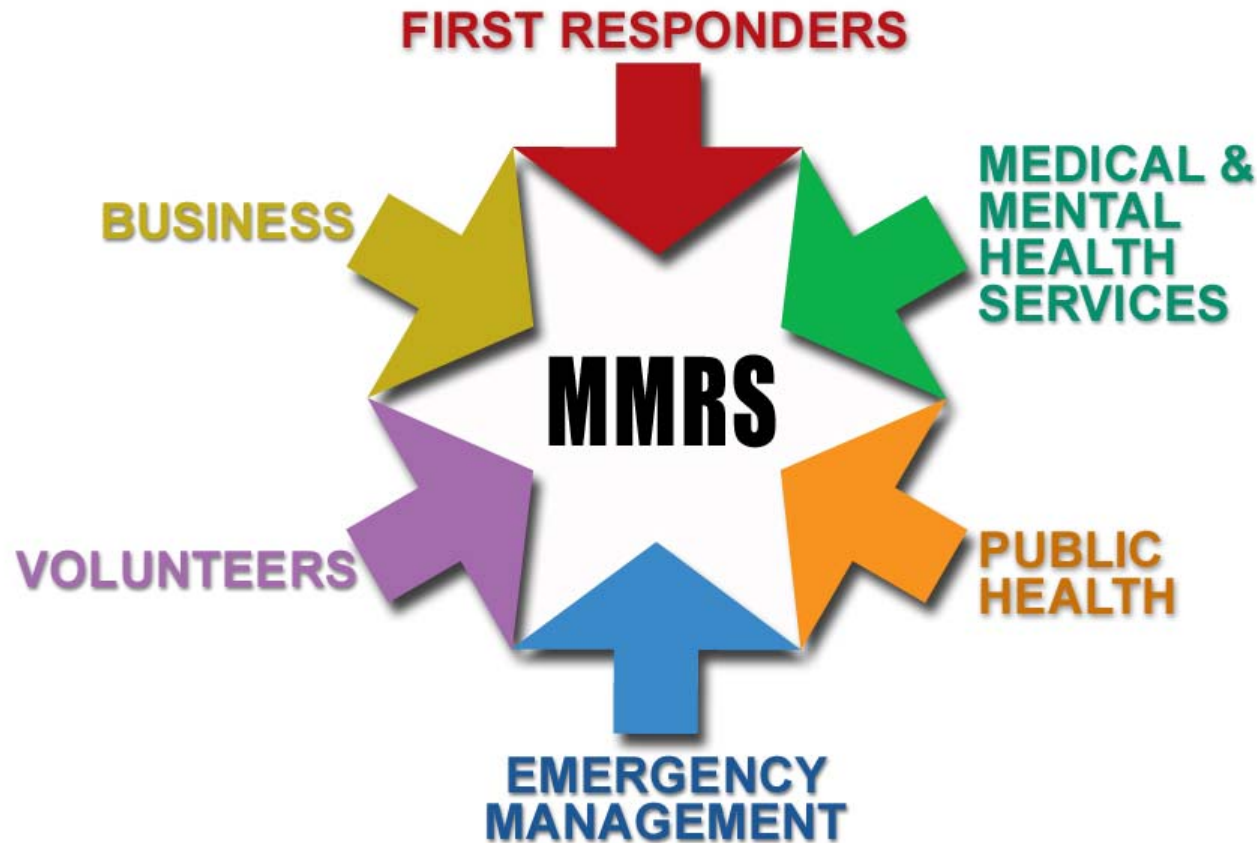
## PROGRAM OVERVIEW



# MMRS Purpose

- Supports **local jurisdictions'** enhancing and maintaining **integrated** all-hazards response capabilities to manage **mass casualty incidents** during early hours **critical to life-saving and population protection**, until **external resources** arrive and are operational to include:
  - Terrorist acts using WMD/CBRNE
  - Large scale HazMat incidents
  - Epidemic/Pandemic disease outbreaks
  - Natural disasters
  - Increasing systematic, integrated capabilities to manage a WMD mass casualty incident until significant external resources arrive and are operational

# MMRS: Linking Response Systems



Homeland  
Security

Metropolitan Medical Response System Program

February 2, 2006



# MMRS Jurisdictions

■ Original MMRS	27*
■ MMRS 1999	20
■ MMRS 2000	25
■ MMRS 2001	25
■ MMRS 2002	25
■ MMRS 2003	<u>3</u>

Total Jurisdictions = 125

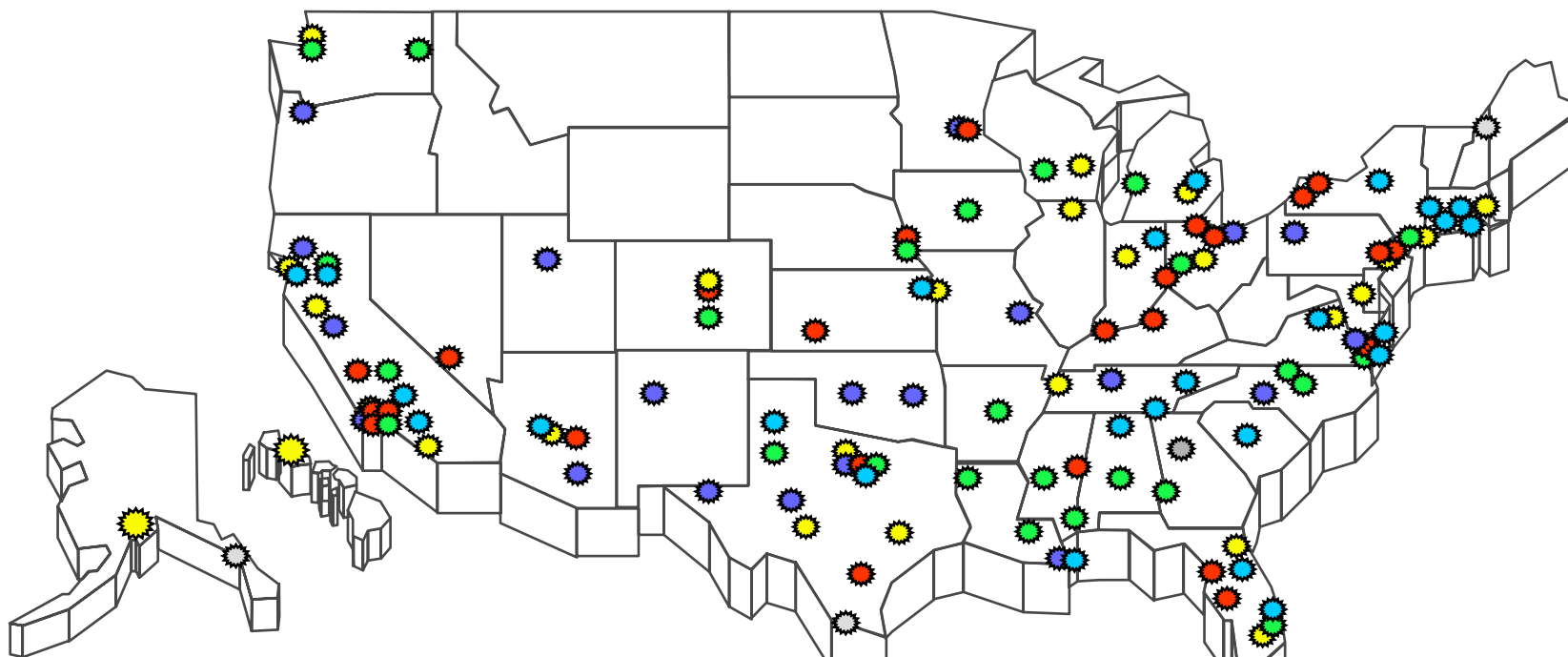
\*Includes Washington DC MMST

**Metropolitan Medical Response System Program**

February 2, 2006



# Metropolitan Medical Response Systems



 <u>Original</u>	 <u>1999</u>	 <u>2000</u>	 <u>2001</u>	 <u>2002</u>	 <u>2003</u>
Anchorage, Baltimore, Boston, Chicago, Columbus, Dallas, Denver, Detroit, Honolulu, Houston, Indianapolis, Jacksonville, Kansas City (MO), Los Angeles, Memphis, Miami, Milwaukee, New York, Philadelphia, Phoenix, San Antonio, San Diego, San Francisco, San Jose, Seattle, Washington DC (MMST) [Note: Atlanta was also a MMST]	Albuquerque, Austin, Charlotte, Cleveland, El Paso, Fort Worth, Hampton Roads (Virginia Beach) Area, Long Beach, Nashville, New Orleans, Oakland, Oklahoma City, Pittsburgh, Portland (OR), Sacramento, Salt Lake City, St. Louis, Tucson, Tulsa, Twin Cities (Minneapolis)	Akron, Anaheim, Arlington TX, Aurora, Birmingham, Buffalo, Cincinnati, Corpus Christi, Fresno, Hampton Roads (Norfolk) Area, Jersey City, Las Vegas, Lexington-Fayette, Louisville, Mesa, Newark, Omaha, Riverside, Rochester, Santa Ana, St. Petersburg, Tampa, Toledo, Twin Cities (St. Paul), Wichita	Baton Rouge, Colorado Springs, Columbus (GA), Dayton, Des Moines, Garland, Glendale (CA), Grand Rapids, Greensboro, Hialeah, Huntington Beach, Jackson, Lincoln, Little Rock, Lubbock, Madison, Mobile, Montgomery, Raleigh, Richmond (VA), Shreveport, Spokane, Stockton, Tacoma, Yonkers	Amarillo, Arlington VA, Bakersfield, Chattanooga, Columbia, Fremont, Ft. Lauderdale, Ft. Wayne, Glendale, Hampton Roads (Newport News, Chesapeake) Area, Hartford, Huntsville, Irving, Jefferson Parish, Kansas City (KS), Knoxville, Modesto, Orlando, Providence, San Bernardino, Springfield, Syracuse, Warren, Worcester	Atlanta Regional Coalition, Northern New England Region (New Hampshire, Maine, Vermont), Southern Rio Grande Region (TX), Southeast Alaska Region

As of March 31, 2004



Homeland  
Security

Metropolitan Medical Response System Program

February 2, 2006



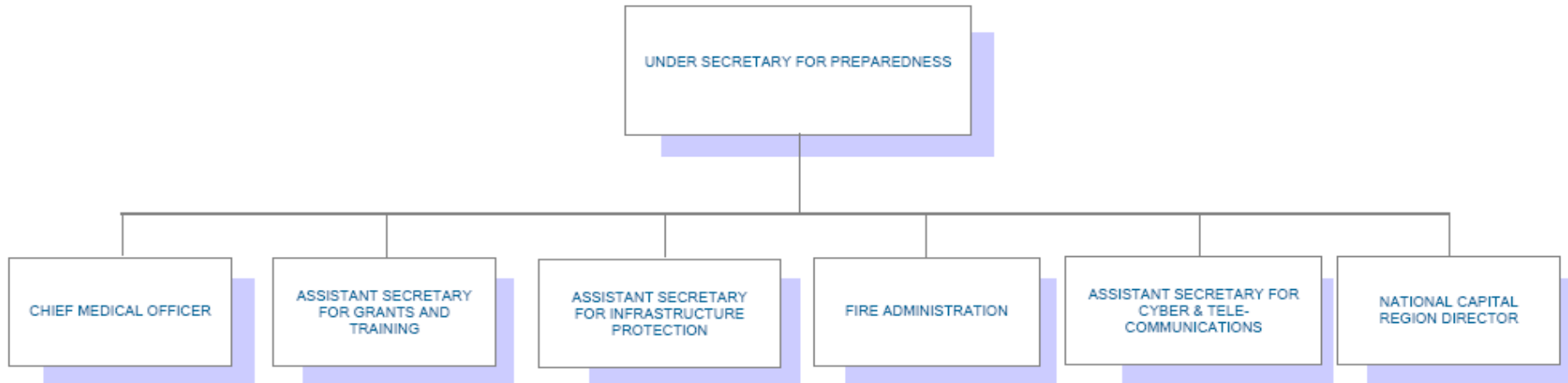
# Organization and Funding

- March 2003 - Transferred from DHHS, Office of Asst. Secretary for Public Health Emergency Preparedness, Office of Emergency Response to DHS, FEMA, Preparedness Division and 10 FEMA Regional Offices
- October 2004 - Transferred from DHS FEMA to Office for Domestic Preparedness' (ODP) Office of State and Local Government Coordination and Preparedness (SLGCP) to facilitate and conform to a one stop shopping for state and local grants
- December 2005 – Office of SLGCP renamed Office of Grants and Training (G&T) under the DHS Preparedness Directorate

# DHS Preparedness Organization

## Department of Homeland Security Organization Chart—Preparedness

(proposed end state)



Homeland  
Security

**Metropolitan Medical Response System Program**

February 2, 2006



# Organization and Funding

- Appropriations
  - FY 2003 - \$50 million
  - FY 2004 - \$50 million
  - FY 2005 - \$30 million
  - FY 2006 - \$30 million



**Homeland  
Security**

**Metropolitan Medical Response System Program**

February 2, 2006





# Legislative History

- The Defense Against Weapons of Mass Destruction Act of 1996 directed the Secretary of Defense to enhance capability and support improvements of response agencies
- The Nunn-Lugar-Domenici Amendment to the National Defense Authorization Act for FY 1997 authorized funding for “*medical strike teams*,” and the subsequent development of the MMRS Program
- Ongoing Congressional appropriations have funded Federal assistance to 124 MMRS jurisdictions

# Program Operations

- From program inception through FY03, funding via unilateral contracts has been provided to local jurisdictions for:
  - Development of plans and procedures
  - Acquisition of specialized equipment for first responders and medical treatment facilities
  - Identification of specialized training and exercise opportunities for responders
- FY04 – FEMA non-competitive grants (internal competition for Special Projects)
- FY 05 and 06 – G&T Grants as part of Homeland Security Grant Program

# MMRS Key Baseline Response Enhancement Components

- Ongoing coordination meetings (with Project Officer, Steering Committee, etc.)
- Establish Steering Committee
- MMRS Stakeholder Membership
- Development planning
- Plans to include the forward movement of patients utilizing the NDMS System

# MMRS Key Baseline Response Enhancement Components

- Plans to respond to a chemical, radiological, nuclear, or explosive WMD event
- Plans for a Metropolitan Medical Strike Team (optional)
- Plans for managing the health consequences of a biological WMD event

# MMRS Key Baseline Response Enhancement Components (cont.)

- Plans to enhance local hospital and healthcare system preparedness (including procedures for notification, facility protection, triage and treatment)
- Training plans (including initial and refresher requirements)
- Pharmaceutical and equipment plans (including a maintenance plan and a procurement timetable for equipment and pharmaceuticals)

# MMRS Key Baseline Response Enhancement Components (cont.)

- Monthly progress reporting
- Final operational reporting indicating the operational validity of all MMRS system response components
- Plans to be coordinated with neighboring jurisdictions and state

# Local Pharmaceutical Cache

- Chemical, Biological, Radiological, Nuclear, or Explosive (CBRNE) incident: sufficient to provide care for up to 1,000 victims
- Biological incident determined at three levels by specific agent (smallpox, anthrax, plague, botulism tularemia, and hemorrhagic fever):
  - Up to 100 victims
  - Between 100 and 10,000 victims
  - More than 10,000 victims
- MMRS requires the ability to treat without stipulating treatment modalities
- MMRS pharmaceuticals are immediately available
- An essential prophylaxis capability along with SNS and CHEMPACK



# MMRS 2003 FEMA Contract Deliverables

- Detailed listing of current response inventories (includes updated pharmaceutical and equipment plans)
- A plan to sustain MMRS capabilities for a period of two years
- A summary of exercises/real event references that document the operational validity of MMRS components
- Expand MMRS operational area (optional)



# FY04 FEMA Grant Summary

- Funding by grant in lieu of contract
- 3 main components
  - Capability Focus Areas
  - Sustainment of Enhanced Capabilities
  - Special Projects (internal)

# FY04 FEMA Grant Summary (cont.)

- Capability Focus Areas

- \$250,000 available to each of the 124 jurisdictions
  - Eight focus areas jurisdictions chose from
    - (1) Radiological medical and health effects preparedness
    - (2) Operational viability of mass care shelters and medical treatment facilities
    - (3) Emergency alerting system/emergency public information
    - (4) National Incident Management System (NIMS) compatibility
    - (5) Quarantine and isolation preparedness
    - (6) Geographic Information Systems
    - (7) Updated MMRS Steering Committee
    - (8) Pharmaceutical cache management and status reporting

# FY04 FEMA Grant Summary (cont.)

## ■ Sustainment of Enhanced Capabilities

- \$150,000 available to each of 124 jurisdictions
- Components
  - Updated planning and procedures
  - Maintenance of pharmaceuticals/equipment and supplies caches
  - Ongoing training and exercise activities
  - Optional: support existing or establish new expanded MMRS operational areas and/or enhance local-State cooperative capability including mutual aid, for response to a WMD mass casualty event

# FY04 FEMA Grant Summary (cont.)

## ■ Special Projects

- Competitive portion of the grants
- \$3.4 million available
- Detailed proposal based on specific criteria as part of the grant application
- Available to support innovative projects that:
  - Have potential for widespread application to improve automated systems and interoperable communications
  - Support to MMRS command decision-making and resource management, training delivery, and emergency public warning/risk communications.
- 79 applicants 16 awarded

# FY 05 ODP Grant Summary

- FY 2005 was the first inclusion of MMRS in the Homeland Security Grant Program.
- Each of the 124 jurisdictions was awarded \$227,592
  - The FY05 MMRS program will support the MMRS jurisdictions in:
    - Ensuring that their strategic goals, objectives, operational capabilities, and resource requirements are adequately incorporated in State and UASI Homeland Security Assessment and Strategy documents
    - Revising their operational plans to reflect State and Urban Area Homeland Security Assessments and Strategies
    - Achieving preparedness in the eight Capability Focus Areas, which should also be coordinated with HSPD-8/National Preparedness efforts
    - Ensuring the maintenance of MMRS capabilities established through the completion of baseline deliverables and other previous activities supported by federal funding
    - Same eight Capability Focus Areas as the FY 04 Grant



**Homeland  
Security**

**Metropolitan Medical Response System Program**

February 2, 2006



# FY 06 G&T Grant

- The MMRS program purpose and guidance, and the capability achievements of MMRS jurisdictions, create extensive and essential relevance of MMRS to the Goal, National Priorities, and numerous Target Capabilities.
- The FY 2006 MMRS Program will support the MMRS jurisdictions in:
  - Achieving preparedness in the MMRS-related Capability Focus Areas, which supports efforts to implement the Goal
  - Ensuring that their strategic goals, objectives, operational capabilities, and resource requirements are adequately incorporated in State and Urban Area Homeland Security Assessment and Strategy documents
  - Revising their operational plans to reflect State and Urban Area Homeland Security Assessments and Strategies
  - Ensuring the maintenance of MMRS capabilities established through the completion of baseline deliverables and other previous activities supported by Federal funding

# FY 06 Office of Grants & Training Grant

- Period of Performance
  - 24 months from the award date
  - A portion of this period overlaps with deliverable schedules under FY 2004 and FY 2005 MMRS grants
  - Grant recipients, to the greatest extent possible, should correlate the funding from FY 2006 MMRS Program with the ongoing activities funded by the previous years vehicles to determine the best allocation of funds between ongoing and new initiatives

# FY 06 Grant's Homeland Security Strategy Integration

- **Homeland Security Strategy Integration**

Jurisdictions should ensure that MMRS strategic goals, objectives, operational capabilities, and resource requirements adequately reflect the State and Urban Area Homeland Security Strategy. Coordination with State and Urban Area operational plans and procedures should also occur.

- **NRP and National Preparedness Goal**

MMRS jurisdictions should update/modify their operational plans and training and exercise activities as necessary to achieve conformance with the National Preparedness Goal and the NRP, to include coordinating structures, processes, and protocols.



**Homeland  
Security**

**Metropolitan Medical Response System Program**

February 2, 2006

24





# FY 06 G&T Grant's Homeland Security Strategy

## Integration: National Preparedness Goal

- The MMRS program purpose and guidance, and the capability achievements of MMRS jurisdictions, create extensive and essential relevance of MMRS to the Goal, National Priorities, and numerous Target Capabilities
- These capability achievements should provide a significant foundation for further increasing capabilities as required by the implementation of the Goal
- Accordingly, the MMRS Steering Committees and component functional leaders are expected to make essential contributions to the achievement of these Target Capabilities, in their home political jurisdictions and affiliated jurisdictions constituting their MMRS Operational Area, their Urban Area, and throughout their State(s)

# MMRS Capability Focus Areas and the National Preparedness Goal

- FY 04/05 Capability Focus Areas Summary
  - Eight Capability Focus Areas (2004 and 2005):
    - (1) Radiological medical and health effects preparedness
    - (2) Operational viability of mass care shelters and medical treatment facilities
    - (3) Emergency alerting system/emergency public information
    - (4) National Incident Management System (NIMS) compliance
    - (5) Quarantine and isolation preparedness
    - (6) Geographic Information Systems
    - (7) Updated MMRS Steering Committee
    - (8) Pharmaceutical cache management and status reporting



# MMRS Capability Focus Areas and the National Preparedness Goal

- FY 2006 – 12 Capability Focus Areas
  - Revised MMRS Capability Focus Areas (CFAs), reflects correlation of the Goal, National Priorities and TCL, and updates the FY 2004 and 2005 MMRS CFAs
  - Target Capabilities constitute the primary guidance for the MMRS activities engaged in achieving these capabilities
  - Reference to previous and continuing MMRS program guidance is incorporated

# MMRS Capability Focus Areas and the National Preparedness Goal

- FY 2006 – 12 Capability Focus Areas (all are National Preparedness Target Capabilities)
  - CFA 1 - Strengthen Medical Surge
  - CFA 2 - Strengthen Mass Prophylaxis
  - CFA 3 - Strengthen CBRNE Detection, Response, and Decontamination Capabilities
  - CFA 4 - Strengthen Interoperable Communications Capabilities
  - CFA 5 - Strengthen Information Sharing and Collaboration Capabilities
  - CFA 6 - Expand Regional Collaboration
  - CFA 7 - Triage and Pre-Hospital Treatment
  - CFA 8 - Medical Supplies Management and Distribution

# MMRS Capability Focus Areas and the National Preparedness Goal (Cont.)

- CFA 9 - Mass Care (Sheltering, Feeding, and Related Services)
- CFA 10 - Emergency Public Information and Warning
- CFA 11 - Fatality Management
- CFA 12 - Volunteer Management and Donations

# MMRS Capability Focus Areas and the National Preparedness Goal (Cont.)

- Specific TCL's supported by MMRS CFA's (in red)
  - **Common**
    - Planning
    - Interoperable Communications
    - Risk Analysis
    - Citizen Preparedness, Participation
  - **Prevent Mission Area**
    - Information Gathering, Recognition of Indicators and Warnings
    - Intelligence Analysis and Production
    - Intelligence/Information Sharing, Dissemination
    - Law Enforcement Investigation, Operations
    - CBRNE Detection

# MMRS Capability Focus Areas and the National Preparedness Goal (Cont.)

- **Protect Mission Area**
  - Critical Infrastructure Protection
  - Food and Agriculture Safety and Defense
  - Epidemiological Investigation
  - Laboratory Capability
- **Respond Mission Area**
  - On-Site Incident Management
  - Emergency Operations Center Management
  - Critical Resource Logistics and Distribution
  - Volunteer Management and Donations
  - Responder Safety and Health



# MMRS Capability Focus Areas and the National Preparedness Goal (Cont.)

- **Respond Mission Area (cont'd)**
  - Public Safety, Security Response
  - Animal Health, Emergency Support
  - Environmental Health, Vector Control
  - Explosive Device Response Operations
  - Firefighting Operations/Support
  - WMD/Hazardous Materials Response and Decontamination
  - Citizen Protection: Evacuation and/or In-Place Protection
  - Isolation and Quarantine
  - Urban Search and Rescue



# MMRS Capability Focus Areas and the National Preparedness Goal (Cont.)

- **Respond Mission Area (cont'd)**
  - Emergency Public Information and Warning
  - Triage and Pre-Hospital Treatment
  - Medical Surge
  - Medical Supplies Management and Distribution
  - Mass Prophylaxis
  - Mass Care (Sheltering, Feeding, and Related Services)
  - Fatality Management
- **Recover Mission Area**
  - Structural Damage and Mitigation Assessment
  - Restoration of Lifelines
  - Economic, Community Recovery



**Homeland  
Security**

**Metropolitan Medical Response System Program**

February 2, 2006



# MMRS Pandemic Influenza Preparedness

## Pandemic Influenza Preparedness

“ ... a pandemic [is] a unique circumstance necessitating a strategy that extends well beyond health and medical boundaries, to include the sustainment of critical infrastructure, private-sector activities, the movement of goods and services across the Nation and the globe, and economic and security considerations. The uncertainties associated with influenza viruses require that our *Strategy* be versatile, to ensure that we are prepared for any virus with pandemic potential, as well as the annual burden of influenza that we know we will face.”

*National Strategy for Pandemic Influenza, Nov. 1, 2005*

# MMRS Pandemic Influenza Preparedness (Cont.)

- MMRS purpose, partnerships, guidance, and capabilities achieved by MMRS jurisdictions, provide a proven and established foundation for this collaborative planning
- ...as an overarching requirement for MMRS jurisdictions is the revision and updating of Continuity of Operations for emergency medical, mental health, and public health functions, and their supporting infrastructure, throughout their Operational Area

# MMRS Pandemic Influenza Preparedness (Cont.)

- Accordingly, an overarching requirement for MMRS jurisdictions is the revision and updating of Continuity of Operations for emergency medical, mental health, and public health functions, and their supporting infrastructure, throughout their Operational Area. Key aspects of this activity include:
  - Reviewing mutual aid agreements to ensure that they include the sharing of facilities, personnel, equipment and supplies, to include provisions for closing facilities when their key resources are decremented to the point of non-viability and making available their able personnel and remaining supplies and equipment to facilities which are viable.

# MMRS Pandemic Influenza Preparedness (Cont.)

- Priority dispensing of influenza vaccine and anti-viral medication to first responders and first receivers
- Providing enhanced public safety protection of mass casualty response facilities and resources
- Establishing legal authorities incorporating Altered Standards of Care



**Homeland  
Security**

**Metropolitan Medical Response System Program**

February 2, 2006

37



# MMRS Pandemic Influenza Preparedness (Cont.)

- The Metropolitan Medical Response System:
  - Integrates all key elements functionally and geographically (“operational area”)
  - Local capabilities most relevant to life-saving and population protection
  - Localities will be largely “on their own”
  - Provides local procedures and infrastructure for delivering mass prophylaxis
  - Established bioterrorism preparedness is relevant to pandemic flu preparedness (at the local level)

# MMRS Pandemic Influenza Plan Jurisdictional Summary

- Significantly involved in panflu preparedness: Y-54 N-10 NA-1
- Multi-MMRS coordination in State: Y-24 N-30 NA-11
- Bioterrorism prep relevance:
  - Extensive – 21 Moderate – 37 Minimal – 4 None – 0
- Target Capabilities (n=65):

	Fully	Moderately	Needs Imp
- EPI Surveillance and Investigation	18	19	18
- Medical Surge	4	26	24
- Emergency Public Info & Warning	14	28	14
- Mass Prophylaxis	11	37	8
- Isolation and Quarantine	5	22	29
- Responder Health & Safety	14	38	4
- Med Supplies Mgmt & Distribution	13	32	11
- Fatality Management	7	26	23

# MMRS Pandemic Influenza Preparedness (Cont.)

## Hampton Roads, VA Regional MMRS

- Healthcare Committee (health dept, hospitals, and emergency management partners):
  - Purchasing regional first responder antivirals cache
  - Funding 3 more Med. Reserve Corps units
  - Purchasing equip and supplies for Neighborhood Emergency Help Centers
  - Funding regional media briefing on influenza, isolation and quarantine
  - Funding regional isolation and quarantine seminars and tabletop exercises



# MMRS Pandemic Influenza Preparedness (Cont.)

## Cincinnati, Ohio MMRS

- MMRS the preparedness lynchpin and catalyst
- MMRS has raised level of awareness across all disciplines can take credit for initiating plans and discussions to date
- Responsible for primary planning function with distributing vaccine and other mass prophylaxis
- If it were not for the MMRS, there would be virtually no [pandemic flu] preparation in Cincinnati

# MMRS Pandemic Influenza Preparedness (Cont.)

- State Pandemic Flu plans may be found at the following web addresses:
  - <http://www.pandemicflu.gov/plan/stateplans.html>
  - <http://www.cste.org/specialprojects/Influenzaplans/StateMap.asp>



Homeland  
Security

**Metropolitan Medical Response System Program**

February 2, 2006



# FY 06 G&T Grant and Medical Reserve Corps

- The Medical Reserve Corps (MRC) program is administered by the Office of the Surgeon General and is a key source for volunteers to support mass casualty incidents. MMRS jurisdictions are encouraged to establish and support MRC units. Up to \$25,000 per MMRS jurisdiction may be used to support local MRC units.

# FY 06 G&T Grant and Medical Reserve Corps

- Examples of allowable expenses for supporting/establishing MRC units:
  - Organizing the MRC unit, including establishment of a leadership and management structure
  - Implementing mechanisms to assure appropriate integration and coordination with existing local emergency response and health assets and capabilities
  - Developing plans to organize and mobilize the MRC unit in response not only to urgent needs but also to address other public health needs in the community
  - Recruiting volunteers for the MRC unit
  - Credentialing MRC volunteers
  - Training MRC volunteers
  - Equipping MRC volunteers

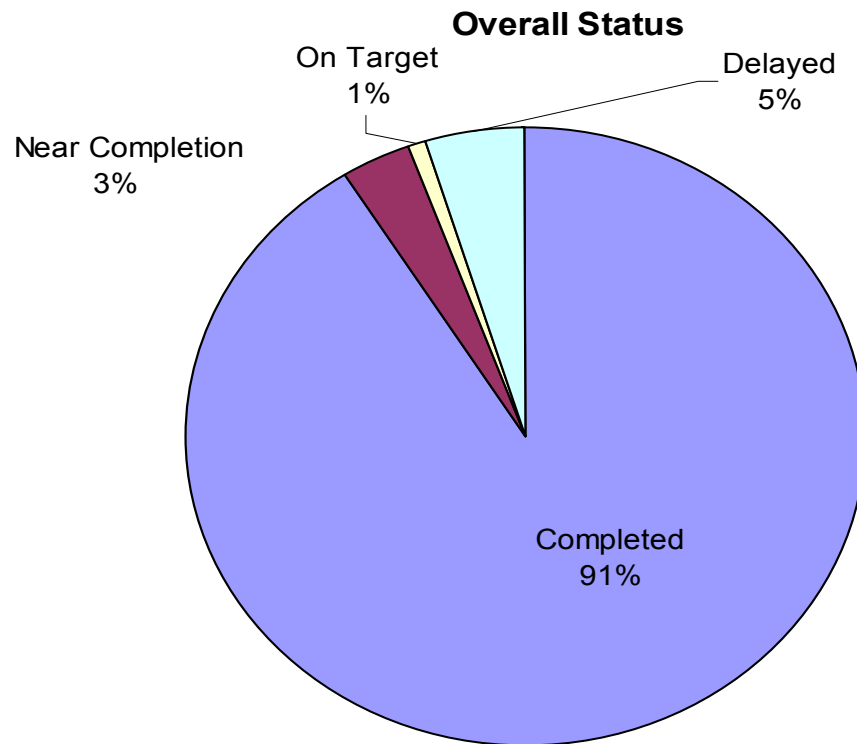


# Jurisdictional Status

- 1996-2002: 122 local jurisdictions joined MMRS program
- 2003: 3 new jurisdictions added; Atlanta MMST upgraded
  - Northern New England (New Hampshire, Vermont, and Maine)
  - Atlanta Regional Coalition (Atlanta and 21 neighboring Counties)
  - Southern Rio Grande, Texas (Counties of Starr, Hidalgo, Willacy, and Cameron)
  - Southeast Alaska (City and Borough of Juneau)
- Numerous primary MMRS Jurisdictions have expanded their Operational Areas by adding affiliated jurisdictions

# Baseline Capability Enhancement

**Completed – 113   Near Completion – 4  
On Target – 1   Delayed - 6**



**As of January 25, 2006**



**Homeland  
Security**

**Metropolitan Medical Response System Program**

February 2, 2006



# MMRS Sustainment Dynamics

- Jurisdictions Must Manage Changes In:
  - Terrorist threats
  - Disease threats
  - Demographics (special needs, cultures, languages)
  - Definitive care resources
  - Pharmaceuticals (Project Bio-Shield)
  - Training – audience, courses, delivery modes
  - Technology – surveillance, detection, information systems, interoperability, and medical treatment modalities



# 2005 MMRS Success Stories

- **Dallas MMRS Hurricane Katrina Response**
  - The MMRS medical team coordinated activities to receive, triage and monitor evacuees as they arrived at area shelters
  - In addition to coordinating the medical activities for area shelters, the MMRS team assisted in coordinating the transportation of patients from hospitals in Louisiana to hospital in Dallas
  
- **Shreveport MMRS Hurricane Katrina Response**
  - The MMRS medical team coordinated activities to receive, triage and monitor evacuees as they arrived at area shelters
  - Coordinated long term sheltering and care for displaced persons



# 2005 MMRS Success Stories (Cont.)

- Tucson Community Education and Training Outreach
  - Training is the foundation of the Tucson MMRS
  - Multi Tracked Approach:
    - Fire Service Track
    - Medical Track
    - Law Enforcement Track
    - Community Track
  - Integrates all facets of the First Responder/First Receiver; Public Health/Public Safety and citizens under the program
  - MMRS building a foundation to:
    - Build a system that will work at the street level
    - Assure a better response
    - Provide for a fast recovery

# MMRS Myths

- MMRS:
  - . . .is a fire/HazMat program
  - . . .does not strengthen health/medical/hospital involvement
  - . . . is not integrated into an “overall” disaster response
  - . . . ignores State planning
  - . . . is not supported by the Federal Government
- No MMRS planning is complete
- All MMRS planning is complete

# MMRS Realities

- MMRS contracting requirements mandate:
  - Extensive local/regional, health, medical, and interagency integration
  - Extensive integration into existing plans and response capabilities, through a systems approach
  - Coordination with State epidemiological programs, CDC and State EMA programs
  - Expanding local health and medical disaster response planning capabilities by
    - Improving surge capacity
    - Developing auxiliary medical capacity (augmenting personnel and facilities)
    - Developing home/self care strategies

# MMRS Realities

- Expanding local health and medical disaster response planning capabilities by:
  - Developing treatment protocols (e.g., immediate care, mass prophylaxis, quarantine and isolation)
  - Purchasing a dedicated pharmaceutical and equipment cache
  - Improving communications
  - Increasing mass decontamination capabilities
  - Enhancing security (patient and staff safety)
  - Providing personal protective equipment
  - WMD Awareness level training for all staff

# MMRS Realities

- 113 systems have completed baseline planning (validated by both a national and a regional program review)
- 124 systems are currently under contract to:
  - Validate operations;
  - Document sustainment activity;
  - Detail an inventory of existing response capabilities; and
  - Provide for the expansion of MMRS operational area



# MMRS: Conclusion

“The importance of the MMRS program effort is no longer equivocal, questionable, or debatable.... The enhanced organization and cooperation demanded by a well-functioning MMRS program will permit a unified preparedness and public health system with immense potential for improved responses not only to a wide spectrum of terrorist acts but also to mass-casualty incidents of all varieties.”

*Preparing for Terrorism: Tools for Evaluating the Metropolitan Medical Response System Program*, Institute of Medicine 2002, p.15

# MMRS Contacts:

## MMRS Headquarters Staff

Dennis Atwood  
DHS Office of Grants and Training  
MMRS Program Manager  
202-786-9785  
[dennis.atwood@dhs.gov](mailto:dennis.atwood@dhs.gov)

Debbie Gramlick  
DHS Office of Grants and Training  
MMRS Staff Associate  
202-786-9787  
[debbie.gramlick@dhs.gov](mailto:debbie.gramlick@dhs.gov)

MMRS Website  
<http://www.mmrs.fema.gov>

ODP Website  
<http://www.ojp.usdoj.gov/odp/>